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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se		1	:	
CHRIE		WAZI ASHTON, LLC	•		
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		AARON M. THOMAS, E	SQ.		
			Name of Person		
		NAJMY THOMPSON, P.	L.		
			Firm/Company		
		6320 VENTURE DRIVE,	SUITE 104		
			Address		
		LAKEWOOD RANCH, F	L 34202		
		JULIAN.PARRY@ME.CO	City/State and Zip Code		
		=	to be used for future annual i	report notification)	FSE 7
For furt	her information c	concerning this matter, please co	all:		CRE I
AARO	N M. THOMAS		941 748 at ()	8-2216	2000 と 日
	Name o	of Person .	Area Code	Daytime Telepho	one Number
Enclose	d is a check for th	he following amount:			9A
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL SWAZI ASHTON, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/12/2009 and assigned Florida document number <u>L09000098238</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter: the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	MGR	PARRY, JULIAN	3951 ROBERTS POINT ROAD	□ Add
			SARASOTA, FL 34242	■ Remove
				☐ Change
	MGR	PARRY, VALERIE	5400 OCEAN BLVD, APT. 2-1	Add
5			SARASOTA, FL 34242	☐ Remove
				☐ Change
				Add
				☐ Remove
				Change
				SE O Add
				AB B F
				Office Of
				□ Remove
				☐ Change
				Remove
				Change

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Filing Fee: \$25.00

Typed or printed name of signee